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State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drewer DD, Arcela, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OSTRICT III OOO Rio Brazos Rd., Aztec, NM 87410	REQL	JEST FO	OR AL	LOWAB	LE AND	AUTHORIZ	ZATION					
TO TRANSPORT OIL AND NATURAL							Well API No.					
Operator						30-025-12422						
ARCO 011 and Gas	Compan	у										
P.O. Box 1710 - Ho	ahha '	Now Me	vico	88241-	-1710							
P.O. BOX 1/10 - HO Reason(s) for Filing (Check proper box)	obbs,	NEW IIC.	<u>XICO</u>		X Oth	a (Please expla	Chan	ge Well	Name Fr	om		
New Well		Change in	Тпавро	ner of:			BUFF	TNGTOI	ν "β"	#-4-D		
Recompletion	Oil		Dry Ga					Ā	11.100			
Change in Operator	Casinghea	d Gas 🗌	Conden	mte			Effe	ctive: /	11/93			
f change of operator give name	ERID	IAN										
and according to brown of the												
L DESCRIPTION OF WELL A	ND LE	Well No.	Pool N	me, Includia	ng Formation			(Lesse	L	ese No.		
Lease Name		21				bb Drink	ard Sue,	Federal of Fee	<u>/</u>	-		
South Justis Unit "I								_				
4	. 210	90	Feat Fr	om The 54	14TH Line	and3_3	Po Fe	et From The _	WE 37	Line		
Unit Letter			-				_			_		
Section / 9 Township	25	<u>s</u>	Range	3%	E N	мРМ,	Lea			County		
		n or o	TT AN	D NATII	PAL GAS							
II. DESIGNATION OF TRANS	SPORTE 「図】	or Coodes	IL AIV	C NAIO	Address (Giv	e address to wh	ich approved	copy of this for	m is to be se	nt)		
Name of Authorized Transporter of Oil	P.O. Box 2528 - Hobbs, NM 88241-2528											
Texas New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas						e address to wh	ich approved	copy of this form is to be sent)				
Carbon and Casaline Company								NM 88252				
If well produces oil or liquids,	Unit Sec. Twp.			Rge.	is gas actuali	is gas actually connected? When			VNKNOWN			
rive location of tanks.	<u> </u>	L	<u> </u>	<u> </u>				UNITRO	wi			
If this production is commingled with that I	rom any of	her lease or	pool, giv		UF CO -	Fff 371.9	3					
IV. COMPLETION DATA SIL	חטוח כ	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	100 400	· `	,	1	j		1		1		
Data Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.				
Da species												
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
								Depth Casing Shoe				
Perforations								<u> </u>				
	TUBING, CASING AND				CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
HOLE SIZE												
								 				
								 				
	T FOR	ATTOW	ARIF		l							
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FUR	ALLUW	of load	oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hou	n)		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of To		, ,		Producing M	ethod (Flow, pu	mp, gas lift, e	ic.)				
Date bar been on kny to term	Date of 1					· · · · · · · · · · · · · · · · · · ·		Choke Size				
Length of Test	Tubing Pressure				Casing Pressure			Crock Site				
					Water - Bbls			Gas- MCF				
Actual Prod. During Test	Oil - Bbis	L			Water - Dois	•						
	<u></u>				l			<u> </u>				
GAS WELL					Bbls. Conder	mle/MMCF		Gravity of C	odeasste			
Actual Prod. Test - MCF/D	Length of Test			Bott. Comments			·					
	Tyles B	ressure (Shu	e-in)		Casing Press	ure (Shut-in)		Choke Size	 			
Testing Method (pilot, back pr.)	I from L		 /	i				<u> </u>				
	A TETE O	E COM	TA1 TO	JCF			10ED\	ATION 5	N//CIC	NA!		
VI. OPERATOR CERTIFIC	AIE U	COM	avatica Triver	, 		OIL CON	ISEHV			ИA		
I hereby certify that the rules and regul Division have been complied with and	that the mi	OLUBINOS B	vez abov	•				JAN 1				
is true and complete to the best of my	knowledge	and belief.			Date	Approve	d					
						,pp						
Lamb.		_				• •		il sandi	STANI			

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells. 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

391-1600

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